UUCR Check Request / Expense Reimbursement PLEASE PRINT CLEARLY!!!!

Check request processing time is approximately two weeks.

NOTE: Incomplete forms cannot be processed, and will be returned.

Name (person completing request): _	
Explanation of request / expense:	
,	
Attach, securely, any/all receipts and	or backup to this request
Amount of expense to be charged to:	
	_ Religious Exploration Ministry
	_ Social Justice Ministry
	_ Multi-Cultural/Anti-Oppression Ministry
\$	_ Theological Diversity Ministry
\$	_ Growth Ministry
\$	
\$	
\$	
Total of Check Request \$	
Check Payable to:	
Mailing Address:	
City, State, Zip:	· · · · · · · · · · · · · · · · · · ·
Signature of Requester:	
Date Completed Request is Submitted	d://
Authorized Approval Signature:	
Finance Department Use Only	
E-Pay/Check Number:	_ Date Paid: / Initials:
Account Number: Q#, \$	
Q#, 9	